



Noti

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SHIPPER'S IMPERIAL INC
~~DISTRIBUTION SYSTEMS INC.~~

2277 7TH STREET

OAKLAND

CA 94607

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

C SQG / CAX0000045005 / CAX0000054092
CInstallation's EPA ID Number CAD 98-138-7053
C F T/A C 1
Approved Date Received (yr. mo. day) 13 FEB 1986

I. Name of Installation

SHIPPER'S IMPERIAL INC

II. Installation Mailing Address

Street or P.O. Box 2277 SEVENTH ST
City or Town OAKLAND State CA ZIP Code 94607

III. Location of Installation

Street or Route Number SAME
City or Town State ZIP Code

IV. Installation Contact

Name and Title (last, first, and job title) ZUARDO VINCENT TRES Phone Number (area code and number) 415 835 9429

V. Ownership

A. Name of Installation's Legal Owner DISTRIBUTION SYSTEMS B. Type of Ownership (enter code) P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

| A. Hazardous Waste Activity | B. Used Oil Fuel Activities |
|--|---|
| <input checked="" type="checkbox"/> 1a. Generator | <input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below) |
| <input checked="" type="checkbox"/> 1b. Less than 1,000 kg/mo. | <input type="checkbox"/> a. Generator Marketing to Burner |
| <input type="checkbox"/> 2. Transporter | <input type="checkbox"/> b. Other Marketer |
| <input type="checkbox"/> 3. Treater/Storer/Disposer | <input type="checkbox"/> c. Burner |
| <input type="checkbox"/> 4. Underground Injection | <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification |
| <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) | |
| <input type="checkbox"/> a. Generator Marketing to Burner | |
| <input type="checkbox"/> b. Other Marketer | |
| <input type="checkbox"/> c. Burner | |

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

CAX0000054092

C

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W

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X. Description of Hazardous Wastes (continued from front)**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |
| 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | |

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|--------------------|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 |
| EMERGENCY USE ONLY | | | | | |
| 25 | 26 | 27 | 28 | 29 | 30 |
| | | | | | |

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
| | | | | | |
| 37 | 38 | 39 | 40 | 41 | 42 |
| | | | | | |
| 43 | 44 | 45 | 46 | 47 | 48 |
| | | | | | |

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 49 | 50 | 51 | 52 | 53 | 54 |
| | | | | | |

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)☐ 1. Ignitable
(D001)☐ 2. Corrosive
(D002)☐ 3. Reactive
(D003)☐ 4. Toxic
(D000)**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Vincent E Zuardo

Name and Official Title (type or print)

VINCENT E ZUARDO TREASURER

Date Signed

2/11/86

2ND CAY #: CAY 000045005